

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 SEP 30 PM 2:53

DOCUMENT # N98000003369

1. Corporation Name  
 BROWARD COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business  
 950 NORTH FEDERAL HIGHWAY  
 SUITE 206  
 POMPANO BEACH FL 33062

Mailing Address  
 950 NORTH FEDERAL HIGHWAY  
 SUITE 206  
 POMPANO BEACH FL 33062



REINSTATEMENT 99

2. Principal Place of Business	2a. Mailing Address	6. Date Incorporated or Qualified	
21 3045 N. Federal Hwy, Suite, Apt. #, etc.	26 3045 N. Federal Highway Suite, Apt. #, etc.	06/11/1998	
22 Suite 60 City & State	27 Suite 60 City & State	4. FEI Number	Applied For Not Applicable
23 Ft. Lauderdale, Florida Zip Country	28 Ft. Lauderdale, Florida Zip Country	65-0841822	
24 33306 25 Broward	29 33306 30 Broward	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)	Levi G. Williams, Jr.	
	83	Fertig & Gramling	
	84	200 SE. 13th Street	
	85 City	85 State	85 Zip Code
	Ft. Lauderdale	FL	33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: 9-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ZOHNOWSKI, LAWRENCE A	1.2 NAME	Zolnowski, Lawrence A
STREET ADDRESS	7050 SOUTHWEST 20TH STREET	1.3 STREET ADDRESS	7050 Southwest 20th Street
CITY-ST-ZIP	FT LAUDERDALE FL 33317	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33317
TITLE	VD	2.1 TITLE	STTD
NAME	CAMACHO, LARRY	2.2 NAME	Zolnowski, Teresa E.
STREET ADDRESS	7050 SOUTHWEST 20TH STREET	2.3 STREET ADDRESS	7050 southwest 20th Street
CITY-ST-ZIP	FT LAUDERDALE FL 33317	2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33317
TITLE	TD	3.1 TITLE	TRD
NAME	CAMACHO, LARRY	3.2 NAME	CAMACHO, LARRY
STREET ADDRESS	7050 SOUTHWEST 20TH STREET	3.3 STREET ADDRESS	3045 N. Federal Hwy Suite 60
CITY-ST-ZIP	FT LAUDERDALE FL 33317	3.4 CITY-ST-ZIP	Ft Lauderdale FL 33306
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700003007497--8
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-10/06/99--01071--002
TITLE		5.1 TITLE	****245.00
NAME		5.2 NAME	****245.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence Zolnowski, Lawrence Zolnowski Date: 9/27/99 (954) 565-5750

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